

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G699		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 01/17/2013	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 6101 HAYES ST MERRILLVILLE, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 01/17/13</p> <p>Facility Number: 003132 Provider Number: 15G699 AIM Number: 200372010</p> <p>Surveyors: Joe L. Brown, Jr., Life Safety Code Specialist & Robert Sutton, Life Safety Code Specialist Trainee.</p> <p>At this Life Safety Code survey, The ARC of Northwest Indiana, Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility with a partial basement was fully sprinklered. The facility has a fire alarm system with smoke detection on all levels including the corridors, in the living areas, and battery operated smoke detectors in the</p>		K0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>client sleeping rooms. The facility has a capacity of 4 and had a census of 4 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/25/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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KS046	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 2 electric light switches in resident room # 1 and 1 of 1 electric light switches in the garage were provided with cover plates. LSC 9.1.2 refers to NFPA 70, National Electrical Code. NFPA 70, 1999 Edition, Article 370-25, Covers and Canopies, states "In completed installations each box shall have a cover, faceplate or fixture canopy." This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation and interview with the Residential Director during a tour of the facility from 8:00 a.m. to 10:00 a.m. on 01/17/13, the electrical light switch on the next to the door of the closet in resident room # 1 was missing a cover plate. Further observation revealed the electrical light switch in the garage was missing a cover plate. Based on interview with the Residential Director on 01/17/13 between 8:00 a.m. and 10:00 a.m., she confirmed the electrical cover plates were missing in resident room # 1 and the garage.</p>			KS046	<p>The light switch in question was equipped with an indicator lamp which alerted user when the light was on in the closet. To assure further compliance, the outdated switch was replaced with an updated unit equipped with a LED luminated switch. Switch plate in garage was removed and replaced with a new cover. Existing extension cord was removed by maintenance, to assure further compliance, staff was instructed that the use of such cords was not recommended. It was completed 1/18/13.</p>		02/08/2013

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	<p>2. Based on observation and interview with the Residential Director during a tour of the facility, the facility failed to ensure 1 of 1 electrical extension cords were not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice would affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation and interview with the Residential Director during a tour of the facility from 8:00 a.m. to 10:00 a.m. on 01/17/13, the office staff was using a five foot brown extension cord to plug in a radio. Based on interview with the Residential Director on 01/17/13 between 8:00 a.m. and 10:00 a.m., she confirmed there was a five feet brown extension cord being used to plug in a radio.</p> <p>3. Based on observation and interview with the Residential Director during a tour of the facility, the facility failed to ensure 4 of 20 spacers and/or knockouts were in place in the electrical panel. LSC 9.1.2 requires electrical wiring and equipment</p>						

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	<p>to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 110-12 requires all openings in the electrical panel be covered. The openings in the electrical panel create a potential fire and safety hazard. This had the potential to affect all residents if a fire takes place as a result of electrical currents escaping the panel.</p> <p>Findings Include:</p> <p>Based on observation and interview with the Residential Director during a tour of the facility from 8:00 a.m. to 10:00 a.m. on 01/17/13, there were four open spaces in the electrical panel located in the garage. Based on interview with the Residential Director on 01/17/13 between 8:00 a.m. and 10:00 a.m., she stated she did not know the open spaces needed to be covered but would ensure they would be.</p>						

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KS051	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 9.6.1.4 requires fire alarm systems to be maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires control equipment not connected to a supervising station have functions, fuses, interfaced equipment, lamps and LEDs and the primary power supply tested quarterly. This deficient practice could affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p>			KS051	<p>Wadsworth circuit breaker units were secured by maintenance and all empty spaces in panel box were fitted with appropriate breakers on 1/23/13, this panel was slated for replacement by a licensed contractor on or about the end of February 2013. To assure further compliance existing paned will be upgraded by the end of February 2013. It was completed 1-24-13. Please also find attached: Quarterly flow test documentation and yearly system inspection. These were not located at time of inspection. To assure further compliance, Managers were trained by Maintenance Supervisor as to the location of said documents.</p>		02/08/2013

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	Based on record review with the Residential Director from 10:30 p.m. to 1:30 p.m. on 01/17/13, the facility did not have documentation for the last four quarterly inspections to verify the fire alarm system was inspected quarterly. Based on interview with the Residential Director on 01/17/13 between 10:30 p.m. to 1:30 p.m., she confirmed that the facility did not have documentation for the last four quarterly inspections.						